

Protection

a) Applicant:

Address:

Phone No.:

California Regional Water Quality Control Board

Central Coast Region

Arnold Schwarzenegger Governor

Internet Address: http://www.waterboards.ca.gov/centralcoast/ 895 Aerovista Place, Suite 101, San Luis Obispo, California 93401 Phone (805) 549-3147 • FAX (805) 543-0397

SECTION §401 WATER QUALITY CERTIFICATION APPLICATION FORM

Applications for Water Quality Certification shall be filed in accordance with Sections 3830 through 3869 of Title 23 of the California Code of Regulations. Provide detailed information for all categories that apply to the project and include the conditions under which work will be conducted. All applicants must fill out Sections 1-4, 9, 10 and 15 or the application will be deemed incomplete. Attach additional sheets as necessary. Responses by references should indicate the specific document and page number (include copies). Indicate by "NA" all sections that do not apply, along with an explanation of why the project is exempt from the section.

b) Applicant's Representative:

Address:

Phone No.:

1. APPLICANT/AGENT INFORMATION

E mail address: E mail address: E mail address: PROJECT DESCRIPTION* a) Project Title:	
a) Project Title:	
b) Purpose/Goal:	
c) Project Activities:	
d) Proposed Schedule (start-up, duration, and completion dates):	
* If, during the course of the project, the project description should change, the Regional Water Quality Cont	

California Environmental Protection Agency



Board shall receive a written update as soon as changes are known.

3. PROJECT SITE DESCRIPTION

a)	Project Location (Attach a road map of the site with waters clearly indicated and a 7.5 minute topographic map with the site outlined):			
	City or Area		County	
	Longitude/Latitude	·	Township/Range _	
b)	Area Type/Description (check as apurban	Residential Open Space Spawning Habitat		Recreation

4. IMPACTED WATER BODIES

a) Name(s) of Receiving Water Body(ies)*:				
b) Indicate in ACRES and LINEAR FEET (where appropriate) the proposed waters to be impacted and identify the impacts(s) as permanent and/or temporary for each water body type listed below:				
Streambed:	permanent, permanent,	temporary ACRES temporary LINEAR FEET		
Riparian:	permanent,permanent,	temporary ACRES temporary LINEAR FEET		
Lake/Reservoir:	permanent,permanent,	temporary ACRES temporary LINEAR FEET		
Ocean/Estuary/Bay:	permanent,	temporary ACRES temporary LINEAR FEET		
Acres of wetlands determined by the U.S. Army Corps of Engineers to be jurisdictional.				
Jurisdictional Wetland:	permanent, permanent,	temporary ACRES temporary LINEAR FEET		
In addition to wetlands described above, include acres of additional wetlands beyond those determined by the U.S. Army Corps of Engineers to be jurisdictional. **				
Wetland:	permanent,permanent,	temporary ACRES temporary LINEAR FEET		
c) Indicate in CUBIC YARDS the volume of <u>dredged</u> material:				
Indicate in CUBIC YARDS the volume and in ACRES or LINEAR FEET the area of fill material:				
Total area of disturbance within the	he waterbody: acres	linear feet (if appropriate)		
d) Indicate type(s) of material propo				

^{*}All receiving water bodies are identified in the *Water Quality Control Plan, Central Coast Basin Region* (Basin Plan). Any unnamed/unidentified waters must be extended to an identifiable tributary.

^{**} Whether "navigable" or not, The State and Regional Water Boards have jurisdiction over *all* waters of the state. This includes all wetlands, even those that do not fall under the jurisdiction of the Army Corps of Engineers. Whether navigable or not, an area is determined to be a wetland if it is delineated as such in accordance with the physical criteria (soils, vegetation, hydrology / line of ordinary high-water) included in current Army Corps of Engineers regulatory protocols.

^{***} In addition to soil types, applicants must determine if dredged soils are contaminated. Please attach chemical analyses if appropriate.

5.	WATER QUALITY SAMPLING
a)	What is the potential for pollutant releases resulting from the entire proposed project? (e.g. increased peak or stormwater run-off; increased run-off of urban pollutants such as nutrients, pesticides, petrochemicals; refer to CEQA guidelines, appendix G for other potential pollutant releases)
b)	Has water quality sampling occurred? Yes No I If yes, what parameters were sampled? Please provide the data.
c)	Is water quality sampling planned? Yes No If no, why not? If yes, what parameters will be sampled?
	DEWATERING OPERATIONS – Describe the method used to remove ground water and divert surface water if necessary to implement the proposed project. Please attach a diagram with description.
a)	Discharge to Surface Water – Include name of receiving water body, estimated volume, flow rates, and management measures proposed:
b)	Discharge to Retention Ponds – Include Location (on-site or off-site) and Control Measures:
c)	Diversion of State Waters – Include Location (on-site or off-site) and Control Measures:

7.	WASTE DISCHARGE – Projects that include waste treatment systems (e.g. septic/leachfields) should fill out this section. Discharge from any system associated with the project should be described.
a)	Describe nature and composition of waste. Include projected volume (in GPD) and source (such as industrial, household, agriculture, or other):
b)	Location of Treatment and Disposal System*:
c)	Proposed Method of Treatment:
* /	Attach map if necessary
8.	FEDERAL LICENSES/PERMITS
a)	Federal Agency(ies):
	U.S. Army Corps of Engineers Yes Other Agency?
	File No.(s) (if known)
b)	U.S. Army Corps of Engineers Permit Type(s) (please provide permit number(s) if known):
	Nationwide Permit No.(s) Regional General Permit No.(s)
	Individual Permit Other
c)	Does the project require any Federal Application(s), Notification(s) or Correspondence?
	Yes (attach copy(ies)) No (attach explanation)
d)	Does the project require a Federal Energy Regulatory Commission (FERC) license or amendment to a FERC license?
	Yes [(attach application copy) No [

	OTHER LICENSES/PERMITS/AGR				
a)	a) Please list all other local or state required regulatory approvals (e.g. Department of Fish and Game Streambed Alternation Agreement, County Grading permit etc.) Submit final or draft copy if available.				
	Agency License/Permit/Agreement Approval Da				
10.		QUALITY ACT (CEQA) – The Regional			
	comply with CEQA before approving compliance.	a project. 401 Certification will NOT be	granted without CEQ		
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1.	<u>`</u>	Indicate CEQA Document (submit final or draft copy).			
	Categorical Exemption (Mitigated) Negative Declaration Environmental Impact Report				
	categoriear Exemption (witigated) Negative Declaration Environmenta	al Impact Report		
	• • • •) Negative Declaration Environmenta	—		
	State Clearinghouse File No.:	_			
	State Clearinghouse File No.: Has the document been certified/approve				
	State Clearinghouse File No.: Has the document been certified/approve	ed, or has a Notice of Exemption been filed? If no, expected approval/filing			

11. CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA) MITIGATION

Describe all mitigation measures required for CEQA relating to the following:
Biological Resources
Septic Systems
Soil Erosion / Grading
Water Supply / Groundwater
Water Quality / Hydrology
Riparian
Wetlands
Wildlife

12. COMPENSATORY MITIGATION

12. COMI ENSATORI					
a) Indicate in ACRES an Created, Restored and		purposes of providing		f waters proposed to be tigation:	
Water Body Type	Preserved	Created	Restored	Enhanced	
Jurisdictional Wetlands	S				
All additional Wetland	ls				
Streambed					
Riparian					
Lake/Reservoir					
Ocean/Estuary/Bay					
and water body type ((omit if not applica	able):	te the administrator, o	dollar amount, acreage,	
				(water body type)	
c) Other Mitigation (omit if not applicable): d) Location of Compensatory Mitigation Site(s) (attach map of suitable quality and detail):					
City or Area	, ,	*	nty	,	
Longitude / Latitude _					
13. OTHER ACTIONS/ Briefly describe or referent waters, including preservations	nce other actions or	r BMPs to be implen	mented to avoid and/o		

Briefly list/describe any projects carried out in the last 5 year that are in any way related to the proposed activity or may in estimated adverse impacts.	
15. SIGNATURE I hereby certify under penalty of perjury that the inform attachments are true and accurate to the best of my known	
Applicant's Signature (or Agent)	Date
Please forward the completed application and applicable	supplemental information to:
California Regional Water Quality Control Boar Central Coast Region 895 Aerovista Place, Suite 101 San Luis Obispo, CA 93401	d

San Luis Obispo, CA 93401 Attn. 401 Coordinator

Should you have any questions regarding the water quality certification process, please contact our office at (805) 549-3147 or visit our website at http://www.waterboards.ca.gov/centralcoast/